## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Secretary of State DOCUMENT # P03000093082 01-08-2007 90247 012 \*\*\*158.75 1. Entity Name REALESTAT.COM, INC. Principal Place of Business Mailing Address 9715 W BROWARD BLVD STE 214 9715 W BROWARD BLVD STE 214 PLANTATION, FL 33324 PLANTATION: FL-33324 2. Principal Place of Business - No P.O. Box # 86/ SW 78 At 3. Mailing Address 01042007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number 20-0176564 Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent THOMASHAW, MARC D Street Address (P.O. Box Number is Not Acceptable) 12560 NW 76 ST PARKLAND, FL 33076 -City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent MARC THOMASHAW SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE MCLENDON, LLOYD NAME NAME 861 5w 78 AUE - SU, t€ 102 PLANTATION F( 33324 Change □ Addition 9715 W BROWARD BLVD STE 214 STREET ADORESS STREET ADDRESS CITY-ST-ZIE PLANTATION, FL. 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME THOMASHAW, MARC NAME STREET ADDRESS 9715 W BROWARD BLVD STE 214 STREET ADDRESS CITY-ST-ZIP PLANTATION: FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attact men with an address, with all other like empowered. ·MARC THOMASHAW

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